

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO

IN RE:

DIANE OTTOLENGHI

Case No. 14-60906

Chapter 7

DEBTOR

JUDGE RUSS KENDIG

CERTIFICATE

The undersigned debtor certifies under penalty of perjury that the attached amended Schedules G, I and J are true and correct and the reason for the amendment to Schedule G is that the Lease was inadvertently omitted from the original filing and the reason for the amendments to I and J is to reflect Debtor's current income and expenses.

/S/Diane Ottolenghi

Diane Ottolenghi, Debtor

/S/ Robert Goldberger

Robert Goldberger #0022372

Attorney for Debtor

10 West Newlon Place

Mansfield, Ohio 44902

(419) 526-3177

CERTIFICATE OF SERVICE

I, Robert Goldberger, hereby certify that the foregoing Certificate and Amended Schedules G, I and J were electronically transmitted on or about July 14, 2014 to the following who are listed on the Court's Electronic Mail Notice List:

Josiah Mason, Trustee
United States Trustee

jlmasontrustee@zoominternet.net
(Registered address)@usdoj.gov

/s/Robert Goldberger
Robert Goldberger
Attorney for Debtor

**United States Bankruptcy Court
Northern District of Ohio**

IN RE:

Case No. _____

Ottolenghi, DianeChapter **7**

Debtor(s)

AMENDED SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 240,000.00		
B - Personal Property	Yes	3	\$ 5,670.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 280,500.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 125,691.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 2,270.00
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 2,356.25
TOTAL		17	\$ 245,670.00	\$ 406,191.00	

**United States Bankruptcy Court
Northern District of Ohio**

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Debtor(s)

AMENDED STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 17,950.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 17,950.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 2,270.00
Average Expenses (from Schedule J, Line 22)	\$ 2,356.25
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 520.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 7,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 125,691.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 132,691.00

IN RE Ottolenghi, Diane

Case No. _____

Debtor(s) _____

(If known)

AMENDED SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Shawn & April Gunnoe 20 Otterbein Dr Lexington, OH 44904	Lease with Option to Buy Debtor is Lessor/Seller

Debtor 1 Diane Ottolenghi
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

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(If known)

MM / DD / YYYY

12/13

Part 1: Describe Employment

How long employed there? June 27th 2014

4.	\$ 875.00	\$
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	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 875.00	\$
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 30.00	\$
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$
5e. Insurance	5e. \$ 0.00	\$
5f. Domestic support obligations	5f. \$ 0.00	\$
5g. Union dues	5g. \$ 0.00	\$
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 30.00	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 845.00	\$
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 1,425.00	\$
8b. Interest and dividends	8b. \$ 0.00	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$
8d. Unemployment compensation	8d. \$ 0.00	\$
8e. Social Security	8e. \$ 0.00	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$
8g. Pension or retirement income	8g. \$ 0.00	\$
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,425.00	\$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,270.00 +	\$ = \$ 2,270.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 2,270.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: None		

Debtor 1 Diane Ottolenghi
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

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☒ An amended filing

☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

12/13

Part 1: Describe Your Household

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

- 4d. \$ 6.25

Debtor 1

Diane Ottolenghi

First Name

Middle Name

Last Name

Case number (if known)

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Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	<u>205.00</u>
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	<u>0.00</u>
6b. Water, sewer, garbage collection	6b.	\$	<u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	<u>75.00</u>
6d. Other. Specify: _____	6d.	\$	<u>0.00</u>
7. Food and housekeeping supplies	7.	\$	<u>275.00</u>
8. Childcare and children's education costs	8.	\$	<u>0.00</u>
9. Clothing, laundry, and dry cleaning	9.	\$	<u>0.00</u>
10. Personal care products and services	10.	\$	<u>0.00</u>
11. Medical and dental expenses	11.	\$	<u>50.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	<u>150.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	<u>0.00</u>
14. Charitable contributions and religious donations	14.	\$	<u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	<u>0.00</u>
15b. Health insurance	15b.	\$	<u>0.00</u>
15c. Vehicle insurance	15c.	\$	<u>50.00</u>
15d. Other insurance. Specify: _____	15d.	\$	<u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$	<u>0.00</u>
17. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b.	\$	<u>0.00</u>
17c. Other. Specify: _____	17c.	\$	<u>0.00</u>
17d. Other. Specify: _____	17d.	\$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).	18.	\$	<u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$	<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> .			
20a. Mortgages on other property	20a.	\$	<u>0.00</u>
20b. Real estate taxes	20b.	\$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c.	\$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d.	\$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e.	\$	<u>0.00</u>

Debtor 1

Diane Ottolenghi

First Name

Middle Name

Last Name

Case number (if known)

14-60906

21. Other. Specify: _____

21. +\$ 0.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 2,356.25

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,270.00

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 2,356.25

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ -86.25

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None